## PART B - FEE(S) TRANSMITTAL

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CHRISTOPHER P. MAIORANA, P.C. 24840 HARPER SUITE 100 ST. CLAIR SHORES, MI 48080				11	ave in own certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Potal's Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated being the Company of the Company				
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								(Date)	
APPLICATION NO. FILING DATE				FIRST NAMED INVENTO	)R	ATTORNEY DOCKET NO.   CONFIRMATION NO.			
10/821,120 TITLE OF INVENTION:	04/07/2004			Stephen J. Brown			7553.00060/04-0420 8225		
		EGR/	ATING FEED	BACK LOOPS IN	MEDICAL KNO	WLE	DGE DEVELOP	MENT AND	
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	E DATE DUE	
nonprovisional	NO		\$1400	\$0	\$0		\$1400	09/05/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS	7				
BRUSCA, JOHN S 1631			1631	702-019000	_				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form FTO/SBI 22) attached.  "Fee Address" indication (or "Fee Address" Indication form FTO/SBI47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patient front page, list (I) the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to listed, no name will be printed.					
3. ASSIGNEE NAME AN							***************************************		
		ified be detion o	low, no assignee of this form is NO					document has been filed for	
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Health Hero Network, Inc. Redwood City, CA									
Please check the appropri	ate assignee category or	catego	ries (will not be pr	inted on the patent):	Individual EC	orporati	ion or other private gr	roup entity Government	
4a. The following fec(s) are submitted:  ■ Issue Fee □ Publication Fee (No small entity discount permitted) □ Advance Order - # of Copies				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (cinclose an extra copy of this form).					
5. Change in Entity Stat  a. Applicant claims  NOTE: The Issue Fee and	SMALL NTITY state	s. See 3	37 CFR 1.27.	b. Applicant is no le	onger claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(g)(2).	
interest as shown by the r	ecords of the United Sta	tes Pate	nt and Trademark	Office.	r the applicant, a reg	istereu	attorney or agent; or t	the assignee or other party in	
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